

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-200034

**Home Name:** Monaliza Patacsil

94-1122 Kahuamo Street

Waipahu

HI

96797

**Review ID:** 1-200034-3

**Reviewer:** Maribel Nakamine

**Begin Date:** 6/10/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/10/2021.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN/Fingerprinting lapsed on 2/15/2021 and no current results present in the CCFFH binder.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#2 and HHM#1.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 1/17/2021 and no current result present in the CCFFH binder.

41.(g)- No completed Basic Skills Checklist present for CG#2 on Client #1.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation present for CG#2 on [REDACTED] r Client #1;  
Client #2 without RN delegation present on [REDACTED]

# Foster Family Home - Corrective Action Report

## Foster Family Home

## Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No evidence of monthly fire drills conducted from November 2020 thru May 2021.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- No Emergency Preparedness Plan present in the CCFFH binder.

## Foster Family Home

## Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(b)- No CG#1/caregivers signatures after each dated entries on Client #1's observation/progress notes documentations.

54.(c)(2)- No clients/POAs signatures of Client #1's Service Plan dated 11/29/2020 and Client #2's Service Plan dated 10/26/2020 and 12/26/2020.

Shirley Nakamura, M 6/10/2021  
Compliance Manager Date  
Lypatacsil 6/10/2021  
Primary Care Giver Date

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Monaliza Patacsil  
(PLEASE PRINT)

CCFFH Address: 94-1122 Kahuamo St. Waiipahu HI 96797  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
2(a)(3)(b)	I recieved a current fingerprinting result.	6/24/21	I will put the expiration dates for fingerprinting for all CG's on my calendar.
16(B)(5)	Confidentiality policies & procedures & client privacy.	6/24/21	Home will ensure all caregivers and household members will be trained on confidentiality policies as soon as they move in or when they begin working as a CG in the CCFFH.
41(b)(7)	I recieved a current TB clearance certificate	6/23/21	I will put my expiration dates to my calendar wall and for all CG's on my filed binder.
41(g)	Completed basic skills checklist for CG#2 on client #1	6/23/21	Home should have training checklist for all CG's CCFFH Binder.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Monaliza Patacsil

Date: 7/8/21

☒ CTA has reviewed all corrected items

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Monaliza Patacsil

(PLEASE PRINT)

CCFFH Address: 94-1122 KAHUAMO ST. WAIKAKU HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
43(c)(3)	Rn delegation done on [REDACTED] for CG#1 CG#2 on [REDACTED] medication & [REDACTED] for client #1 & client #2 sign delegation form was filed in clients charts.	4/23/21	Inform RN case management to delegate caregivers & the substitute for addressing the clients need.
46.(a)	MONTHLY fire drills completed and filed to CCFFH Binder.	4/25/21	will use a checklist to keep track the monthly fire drill with scott scott and Hm.
50.(a)	Emergency map was updated	4/25/21	household will be trained on emergency procedures and evac map is posted where everyone can see it.

☒ All items that were fixed are attached to this CAPPCG's Signature: Monaliza PatacsilDate: 7/8/21☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: \_\_\_\_\_

Maribel Nakamine

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: MORALIZA PATACIL  
(PLEASE PRINT)

CCFFH Address: 94-1122 KAHUAMO ST. WAIPAKU HI 96797  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54(c)(2)	contacted RN to provide client #1 and client #2 current service plan.	6/26/21	Inform the CM to update service plan for client #1 client #2.

☒ All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

Patasil

Date: 7/8/21

☒ CTA has reviewed all corrected items